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Application Number	10/823,542
Filing Date	04-14-04
First Named Inventor	N. Hashimoto
Art Unit	2616
Examiner Name	C. Wellington
Attorney Docket Number	2910-105

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Noriaki Hashimoto</i>		
Name	Noriaki Hashimoto		
Date	<i>April 17, 2007</i>	Telephone	<i>81-48-240-1600</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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